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Navy & Marine Corps Medical News

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This service distributes news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is encouraged.

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Headline: USS Chandler crew wins second health and fitness award

From USS Chandler (DDG 996)

SAN DIEGO--The USS Chandler (DDG 996) has again emphasized how seriously it takes its crew's health by winning a second Surface Force Commander's Award, which will be displayed on the ship's bridge wing.

The award, better known as the "Green H" award, encourages ships to develop lifestyle programs that will keep Sailors healthy and contribute to personal readiness.

Hospital Corpsman First Class Michael Slentz of Spokane, Wash., and Hospital Corpsman Third Class Rory Flick, of La Jolla, Calif., organized the various health programs for the ship.

A "can do" attitude is an appropriate description for the way Chandler's medical team and crew approached health awareness. New equipment for the ship's gym would not fit through hatches, so the crew broke out the torches, disassembled the equipment, took it aboard and then reassembled it.

In addition to weights and strength work, the Chandler's crew looked for other health challenges. Aggressively tracking each crewmember's dental records earned the ship a 100 percent dental readiness rating. There will be less opportunity for unhealthy teeth causing medical problems while the Chandler is underway.

No part of the Chandler was immune to the health and fitness effort. The helicopter hanger, in addition to harboring the helo, also houses a treadmill, two stationary

bikes, and a rowing machine.

To ensure that crewmembers have healthy hearts and respiratory systems for cardiovascular workouts, Slentz and Flick also instituted smoking cessation classes. After assessing the extent of a Sailor's smoking habit, a program is implemented using nicotine patches, diet and exercise to gradually wean the Sailor from nicotine.

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Headline: USNS Comfort accomplishes "firsts" in Baltic Challenge '98

By CAPT Ryland T. Dodge III, National Naval Medical Center, Bethesda

USNS Comfort--The U.S. Navy hospital ship USNS Comfort (T-AH 20) departed Baltimore, Md., June 24 for Lithuania to participate in exercise Baltic Challenge '98, a multinational exercise involving military forces from eleven European nations and the United States. The 894-foot ex-supertanker, all white with red crosses, arrived off the coast of Lithuania July 14.

Approximately 750 doctors, nurses and other medical support and administrative personnel on Comfort participated in the two-week exercise. Only 250 of its 1,000-bed hospital were used for training purposes during the exercise.

Comfort's medical treatment facility is one of the largest trauma facilities in the United States and offers complete surgical and medical services.

The state of the art hospital ship has 12 operating rooms that are equipped with the latest in medical and surgical technology. Sophisticated radiology, laboratory and pharmacy services provide complete trauma care.

The Comfort accomplished a number of firsts during the deployment. It is believed this was the first time an American ship this size, (only aircraft carriers are larger) has entered the Baltic Sea since WWII. This two-week exercise also marked the first time that Comfort has traveled to the European theater and played a role in multinational exercises, providing trauma training for Lithuanian, Estonian, and Latvian military doctors and nurses. Following that, in a two-day mass casualty drill, Comfort's doctors and nurses from National Naval Medical Center in Bethesda, Md., demonstrated trauma facility capabilities for observers from countries around the Baltic.

Comfort has performed its mission to save lives during times of conflict and peacetime humanitarian operations in Operation Desert Storm, Operation Sea Signal in Haiti and Operation Uphold Democracy near Guantanamo Bay, Cuba. But, these exercises in the Baltic region, will showcase Comfort's ability as a training platform, and as a mobile hospital capable of quickly bringing U.S. technology and medical expertise to any coast in the world in cases of disaster.

Comfort's next stop was an international medical

conference in Visby, Sweden, where the ship demonstrated its capability in telemedicine. The ship can link the best medical minds in the world by satellite video to confer, diagnose, and direct treatment from Comfort to other locations around the world. The ship is expected to return to its homeport in Baltimore in mid-August.

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Headline: Corpsman saves officer candidate from choking  
By LCpl Brian E. McElaney, Marine Corps Base, Quantico

QUANTICO, Va.--With a smile and a hearty handshake, officer candidate David Ickles and the corpsman who saved his life met again after a choking accident nearly cost Ickles his life three weeks before.

Ickles choked on a piece of chicken in June while eating lunch in the Officer Candidate School dining facility here.

"I tried to cough it up, but it just kept slipping further down my windpipe," he said.

Jumping up and grasping his neck, Ickles tried to signal the other candidates at his table that he was choking. A candidate from the next table attempted the Heimlich maneuver, but was unable to dislodge the food in Ickles' windpipe.

"My first thought was, 'Man, I could die,'" said Ickles. "But then I figured I was safe, because somebody would know what to do."

When the commotion started, Hospital Corpsman Third Class Randy Rozzell, who was also eating lunch in the dining hall, fought his way through the crowd and saw what was wrong.

"The first thing I noticed was that they had the candidate doubled over, the Heimlich won't work that way," he said.

Rozzell straightened Ickles up and with a sure thrust to the diaphragm, dislodged the food from Ickles' throat.

"The piece flew about six feet or so," said Rozzell.

"The way it was shaped, I thought it was a chicken bone.

Although this was the first time he's treated a choking victim, Rozzell said he didn't think about what he was doing at the time. He acted entirely on reflex.

"You never know how you'll react in a situation like that," he said.

"I'm just glad I reacted the way I did."

Ickles said he plans to take a first aid class when he gets home. "I figure maybe I can return the favor to someone else down the line someday."

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Headline: Emergency room chairman receives national award  
By Dan C. Gay, Naval Medical Center, Portsmouth

PORTSMOUTH Va.--A Naval Medical Center Portsmouth doctor has earned national recognition and another first for the medical center's "First and Finest" tradition. CDR David W. Munter, MC, recently received the American College of Emergency Physicians (ACEP) National Faculty Teaching Award

for 1998. The award will be presented in October at the ACEP National Assembly, in San Diego, Calif.

Munter currently serves as Chairman of the Emergency Medicine (EM) Department at NMC Portsmouth and is responsible for delivery of emergency care to approximately 65,000 patients a year. In addition to serving as chairman of an active academic department with a residency program, he oversees the performance of physicians, nurses, hospital corpsmen and civilians.

Munter established the Navy's second residency in emergency medicine, and under his leadership, it became the first EM residency ever, civilian or military, to obtain full five-year accreditation on its first review.

"Dr. Munter enviably possesses all the best qualities of an outstanding teacher in emergency medicine; his clinical acumen is revered, his bedside teaching is excellent, he challenges his students and they strive to emulate him," said CDR Kevin Knoop, MC, Emergency Department Program Manager.

In addition to writing the curriculum for an entire emergency medicine residency, Munter authored a grant proposal that was funded by the national ACEP. He originated the idea, wrote the grant proposal, and when funded, recruited authors to help write the lecture topics. This innovative project has been useful for military and other physicians who provide training in emergency medicine topics, but may not have the resources for developing the lectures.

Munter was selected to be the specialty leader for intern affairs for the Navy. In that role he advises the Surgeon General on intern affairs and coordinates the training of approximately 400 Navy medical interns.

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Headline: Bonus announced for dental specialty  
By Kimberly Allen Rawlings

WASHINGTON--Active duty dental officers with an oral-maxillofacial surgery specialty may get a bonus from Navy Medicine. Fiscal year 1998 dental officer multiyear retention bonus (DOMRB) pay plan is now effective for those that qualify.

Interested dental officers who are rear admiral and below must meet several eligibility requirements to be considered:

- 1) have at least eight years of creditable service
- 2) have completed the initial residency training or be scheduled to complete before September 30 of the fiscal year of the DOMRB agreement
- 3) have an oral-maxillofacial surgery specialty
- 4) execute a written agreement approved by Bureau of Medicine and Surgery (BUMED) to remain on active duty for up to four years. For a sample of the DOMRB service agreement letter, contact your designated command special pay coordinator or administrative department.

BUMED plans to extend the pay plan to dental officers of

other specialties by fiscal year 2000.

All requests to participate in the DOMRB program should be routed through the commanding officer to BUMED code MED-527. Based on acceptance in the program, BUMED will then forward the appropriate information for payment. Payment will be paid according to the length of each officer's contract agreement.

Active duty obligations will vary depending on the officers' completed or anticipated completion of education, training and fellowship periods.

For more information regarding the DOMRB program contact HMCS Kathleen Bittner at (202) 762-3362; DSN 762-3363 or email: KEBittner@us.med.navy.mil .

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Headline: TRICARE question and answer

Question: What are the priorities for care in military hospitals?

Answer: The policy established by the Assistant Secretary of Defense for Health Affairs in August 1996 created the following priorities for health care in uniformed services medical treatment facilities:

- 1) Active duty service members
- 2) Active duty family members who are enrolled in TRICARE Prime (for the purpose of determining access priority, survivors of military sponsors who died on active duty who are enrolled in TRICARE Prime are included in this priority group)
- 3) Retirees, their family members and survivors who are enrolled in TRICARE Prime
- 4) Family members of active duty service members who are not enrolled in TRICARE Prime (for the purposes of determining access priority, survivors of military sponsors who died on active duty who are not enrolled in TRICARE Prime are in this priority group)
- 5) Retirees, their family members and survivors who are not enrolled in TRICARE Prime
- 6) All other eligible persons

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Headline: Tiny tick takes big bite out of summer fun

By Jocelyn Hauser, Bureau of Medicine and Surgery

WASHINGTON--This summer as you jog along a scenic trail in the woods or play in the yard with your kids, be aware of tiny frequently overlooked creatures called deer ticks. They lurk in tall grass, bushes, shrubs and at the edges of woodlands. They can even be found in your lawns and gardens.

These small creatures require special attention because they may be carriers of Lyme Disease. Summer is tick season and it is the time when occurrences of Lyme disease increases.

Lyme disease is an inflammatory disease that first

appears on the skin as either a red rash on light-skinned people, or a bruise on dark-skinned people, that radiates from the site of the tick bite. The rash is warm to the touch, but painless and it does not itch. It is accompanied or followed by flu-like symptoms, which includes fever, chills, headache, stiffness and fatigue.

These symptoms appear 3 to 32 days after the bite and if left untreated may lead to more severe complications such as arthritis, heart problems, and neurological problems, but rarely death. It could take weeks, months, or years before the illness reaches severe complications.

In the early stage of Lyme disease, diagnosis can only be based on symptoms. Serological tests are usually not conclusive at this time. Antibody and blood tests are useful when the disease has been established. The illness is treatable with oral and intravenous antibiotics.

While outdoors, take precautions to avoid being bitten and possibly contracting Lyme disease. Some personal safety tips to remember:

- Wear light-colored clothing, it helps to spot ticks more easily.
- Tuck your shirt into your pants and pant legs into your socks and boots.
- Use repellants containing DEET on skin and clothing.
- Check yourself and children frequently, especially in the scalp, groin, armpits and the backs of the knee, because these are places ticks often attach themselves to. Also, check pets thoroughly.

If you have been bitten, remove the tick with tweezers. Grasp it as close to the head as possible and gently tug the tick free without crushing the body, to prevent leaving the head embedded in the skin or the tick from injecting more bacteria. Do not try to remove the tick with cigarettes, matches, nail polish, or Vaseline. If the tick is removed less than 36 hours after it attached itself to the skin surface, or before it becomes engorged with blood, it is less likely to have transmitted the illness. It takes 36-48 hours of feeding for the tick to transmit Lyme disease.

After the tick is removed, place it in a container with rubbing alcohol and take it to your local health department for identification.

Look for the early signs of Lyme disease. If you notice any changes, contact your physician. Lyme Disease is an illness that often goes unnoticed and unreported until the late stages of the illness. To lower your risk of contracting the illness and coming in contact with ticks, remember to practice the previously described personal safety tips.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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